

**DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
DIVISION OF QUALITY ASSURANCE  
Licensure Bureau**



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**STATE OF MONTANA**

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PO Box 202953  
Helena, Montana 59620-2953

Re: Application for Inpatient Chemical Dependency Facility

Dear Applicant:

Thank you for your inquiry. Enclosed are the application and the required information, including all applicable ARMs for an inpatient chemical dependency facility. These are also located on the Internet at:

<http://www.dphhs.mt.gov/qad/healthcarefacilities.shtml> in the Chemical Dependency Treatment Center Packet. We have included a copy of all applicable ARMs for your facility type. Some sections of the rule are not applicable and have been deleted. Deleted sections are indicated with \*\*\*.

The Licensure Bureau will conduct an initial inspection in six months after your program is up and running. The facility's policies and procedures, which correspond to the Administrative Rules of Montana (ARMs), are considered part of the application process and must be submitted for review before the on-site inspection.

If you have any questions or need assistance during the licensure process, please contact Heather Taylor at 444-4901 or Julie Fink at 563-3448 X222. Thank you.

Sincerely,

Heather Taylor, Program Evaluator

Roy Kemp, Deputy Administrator

Enclosures